No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 29 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9437 48

Registration District No. 213 | Primary Registration District No. 5781 | Registrar's No. 5

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Iberia (Rural) (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community All Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller 66

(c) City or town Iberia (Rural) 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location) No 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Carl Lee Jenkins

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced S O

6. (b) Name of husband or wife No

6. (c) Age of husband or wife if alive No years

7. Birth date of deceased January (Month) 29 (Day) 1939 (Year)

8. AGE: Years 9 | Months 1 | Days 13 | If less than one day hr. min.

9. Birthplace Ulmann (City, town, or county) Missouri (State or foreign country) O

10. Usual occupation School IC hil d

11. Industry or business

FATHER

12. Name Arthur Edward Jenkins

13. Birthplace Ulman, Missouri (City, town, or county) (State or foreign country) O

MOTHER

14. Maiden name Minnie Witt

15. Birthplace Ulman, Missouri (City, town, or county) (State or foreign country) O

16. (a) Informant Arthur Edward Jenkins

(b) Address Iberia, Mo. (Rural)

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/48 (Month) (Day) (Year)

(c) Place: burial or cremation Jackson Cemetery

18. (a) Signature of funeral director Walter P. Hedge

(b) Address Iberia, Mo.

19. (a) Mch. 18, 1948 (Date received local registrar) (b) Mrs. C. R. Hawkins (Registrar's signature) 192

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1948 hour 11 minute 55 A. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Shock

Due to Gun shot Wound in Neck

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 66

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) 2

While at work? (e) Means of injury

23. Signature W. E. Humphrey Coroner D. O. (M. D. or other)

Address Tuscumbia, Mo. Date signed 3-16-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed MAR 27 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____ Registered Apprentice No. _____, working under my personal supervision.

Signed Walter P. Hedger

Licensed Embalmer No. 4265

P. O. Address Kirksville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—5-43
I X36930

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. April

Registration District No. 213 Primary Registration District No. 5781 Registrar's No. 5(48

1. PLACE OF DEATH:

(a) County: Miller

(b) City or town: Iberia Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Carl S. Jenkins

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: S

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Jan (Month) 29 (Day) 1937 (Year)

8. AGE: Years 9 Months 1 Days 3 Unless than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 13 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy OTC

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 3-13-48
(c) Where did injury occur? Tuscumbia rural (City or town) Miller (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Gun shot Wound

23. Signature M. E. Humphreys M.D. (M.D. or other) Coroner
Address Tuscumbia, Mo. Date signed 4-6-48

SUPPLEMENTARY

S-2137